



NATIONAL
LUNG CANCER
ROUNDTABLE



**Addressing Lung Cancer
Biomarker Testing
Through Project ECHO:
2022-2023 Expansion**

Session Five: Tennessee

Welcome to Session Five: Tennessee State Session

ACS/NLCRT Lung Cancer Biomarker Testing Project ECHO



Each ECHO session will be recorded and will be posted on echo.cancer.org



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Today's materials will be made available on echo.cancer.org



Please type your name, email address and organization in the chat box



This ECHO session takes place on the Zoom platform.
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Remember: Do NOT share any personal information about any patient



Questions about Zoom? Type them in the chat box @Korey Hofmann



Agenda Preview & Introductions



**Jocelyn Phillips,
ECHO Coordinator
*American Cancer
Society***



Today's Agenda

01 **Agenda Preview & Introductions (10 min)**

02 **Didactic Presentation: Dr. Rob Headrick (10 min)**

03 **Didactic Q/A (5 min)**

04 **Case Presentation: Dr. Philip Lammers (5 min)**

05 **Case Presentation Discussion (10-15 min)**

06 **Post-Session Poll & Wrap Up (5 min)**

This ACS/NLCRT Lung Cancer Biomarker Testing ECHO series is made possible by funding provided by:

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ONCOLOGY

Additional thanks to Foundation Medicine

Introductions: Meet our Tennessee ECHO Hub Core Faculty



Philip Edward Lammers, MD, MSCI
Baptist Cancer Center
Facilitator & Faculty Member



J. Rob Headrick, MD, MBA
CHI Memorial Chest & Lung Cancer Center
Faculty Member



Melissa Johnson, MD
Sarah Cannon/Tennessee Oncology
Faculty Member



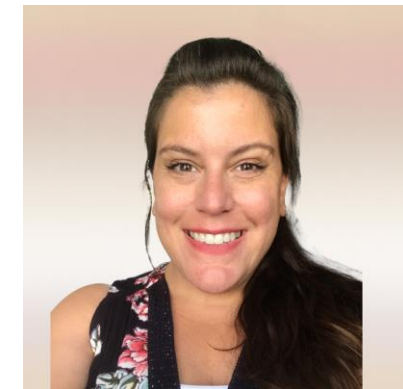
Raymond U. Osarogiagbon, MD
Baptist Cancer Center
Faculty Member



Sean A. Jordan, MD, MHS
UTK Medical Center
Faculty Member



Korey Hofmann, MPH
American Cancer Society
ECHO Coordinator



Jocelyn Phillips
American Cancer Society
ECHO Coordinator

Introductions: Meet our Tennessee Spoke Sites

Tennessee



Central Time Combined Hub Spoke Sites

Arkansas

- Baptist Health
- CARTI Cancer Center
- Central Arkansas Veterans Healthcare System
- Highlands Oncology
- Jefferson Regional
- NEA Baptist
- St. Bernard's Medical Center
- University of Arkansas for Medical Sciences

Louisiana

- DeSoto Regional Healthcare System
- Lourdes Physician Group
- Ochsner Health
- North Caddo Medical Center
- St. Francis Medical Center

Tennessee

- Baptist Cancer Center
- Sarah Cannon Cancer Institute
- University of Tennessee Medical Center
- Vanderbilt University Medical Center

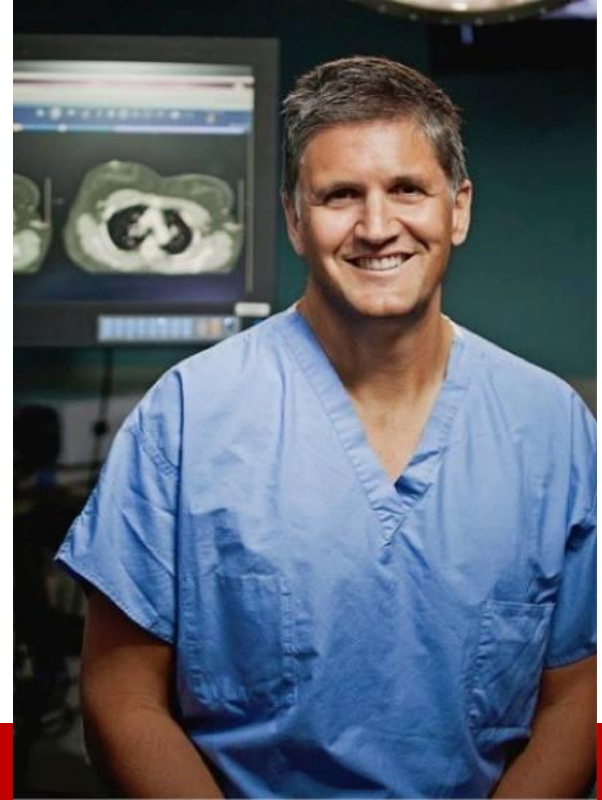
Texas

- CHRISTUS Trinity Mother Frances Health System
- Hospitals of Providence
- University Medical Center El Paso

Reminder: Please type your *name, email address* and *organization* in the chat box



Didactic Presentation: *2023 and Beyond*



***J. Rob Headrick, MD
Chief, Thoracic Surgery
CHI Memorial Chest &
Lung Cancer Center***



Lung Screening in 2023 and Beyond

Rob Headrick, MD, MBA

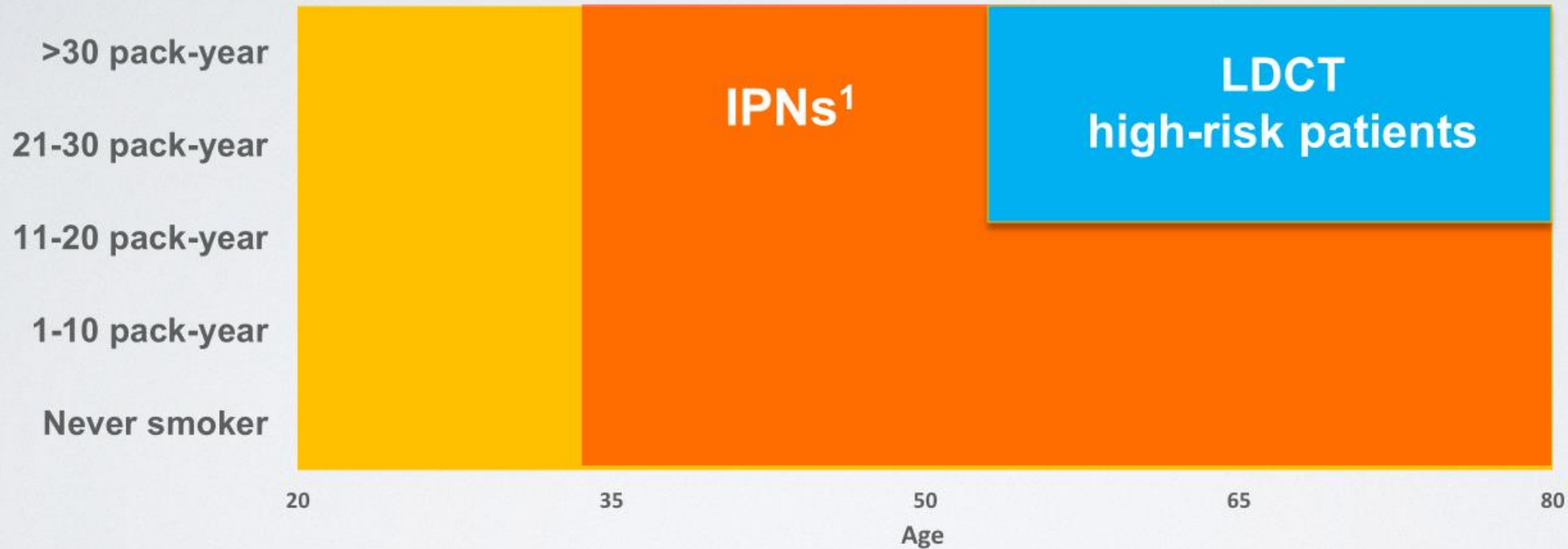
DISCLOSURES

- Speaker for Lung Ambition
- Speaker for Intuitive
- Speak to anyone about Lung Cancer

THE OPPORTUNITY



LDCT SCREENING AND MANAGEMENT OF INCIDENTAL PULMONARY NODULES WORK SYNERGISTICALLY



IPN, incidental pulmonary nodule; LDCT, low-dose computed tomography.

1. MacMahon H, et al. *Radiology*. 2017;284(1):228-243. 2. National Comprehensive Cancer Network (NCCN) Guidelines[®]. Lung cancer screening. nccn.org. Version 1.2022. Accessed February 28, 2022.



HOW DID WE DO? 2015-2019

- ACR Registry / USPSTF 2013
- 1.2 million (3,000) facilities
- 91% met Criteria
- **22.3%** annual screening
- **34.3%** biannual screening

POSITIVE FINDINGS

Lung-
RADS 3

Lung-
RADS 4A

Lung-RADS
4B or 4X

Overall
Adherence

30%	49.5%	68%
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WHAT'S NEW (EASIER)

- NCD (CMS) Feb 10, 2022
- Age 50-77
- Asymptomatic
- 20 pack years
- Quit within 15 years

SHARED DECISION MAKING

- **ANY.....** “Auxiliary personnel incident to a physician’s professional service”

READING RADIOLOGIST

- **ANY.....** Board eligible or certified
- Removed radiologist CME requirement

IMAGING FACILITY

- Removed imaging facility eligibility criteria and ACR registry requirement
- Must use lung nodule reporting system (Lung-RADS)

PAYING FOR LDCT

- The Patient Protection and Affordable Care Act of 2010 requires insurers to cover preventive services with an “A” or “B” rating by the USPSTF at no cost to patients. However, payers are given up to **one year from the start of the next plan** year to update their coverage policies when USPSTF guidelines are changed.

- ✓ Current cigarette smoker or have quit within the past 12 months
- ✓ Have ≥ 20 pack year history (1 pack per day for 20 years, 2 packs per day for 10 years, etc.)
- ✓ Asymptomatic (no signs/symptoms of lung cancer)
- ✓ Patient has not had a chest CT in the last 12 months

Type of Lung Screening exam:

- Initial baseline Low dose Lung CT screening
- Annual F/U Low dose Lung CT screening

- Insurance Self-pay Lungs Grant

Pack Years: _____

Current Smoking Status:

- Current
- Former, quit _____ years ago

History: _____

(Check if applicable)

- Completed Shared Decision Making Counseling in office (If this is first screening)**
CPT code: G0296 - Includes instruction on adherence to annual screenings
- Completed Smoking Cessation Guidance in office (if patient is current smoker)**

Indication: ICD-10 Required on both Shared Decision Making Counseling and CT Screen Billing Claim
(Check one):

- Z87.891 – Personal history tobacco use/nicotine dependence
- F17.210 – Nicotine dependence cigarettes, current smoker
- Z12.2 - Encounter for screening for malignant neoplasm of respiratory organs

Provider's Name (print) _____ Date: _____ Time: _____

Provider's Signature: _____

Provider's NPI: _____

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**Men's Lung Cancer
Awareness Classic Sock**
thebluecollection.com



Didactic Questions



Case Presentation



*Philip Lammers,
MD, MSCI*

*Medical Director of
Clinical Oncology
Research*

*Baptist Cancer
Center*

Case Presentation Discussion

Case Summary: 68 yo WF with h/o CAD and TIA and no history of cigarette use presented with ongoing dry cough. After several rounds of antibiotics, CXR was abnormal, CT scan was done that showed a wedge shaped 5x4 cm lesion in LUL and mod sized pericardial effusion. Underwent pericardial window procedure. Pathology of fluid showed adenocarcinoma. NGS on tissue sample was QNS and liquid biopsy with Guardant showed RET fusion at 0.04% VAF. The physician was not sure if this represented a true RET abnormality given low VAF and repeat biopsy was ordered with mediastinoscopy.. Tissue testing again was QNS then was consulted for 2nd opinion and a 2nd liquid biopsy with Tempus panel confirmed RET fusion. Patient started on oral targeted therapy with selpercatinib and had complete clinical response and remains without progression after 15 months of therapy.

Please Discuss: Utilization of liquid biopsies and interpretation guidance of results





Wrap-Up & Post-Session Poll Questions



A Few Reminders:



Next ECHO Session: Navigating Health Insurance Complexities



A reminder that the last session will be state-specific. Look for calendar invitations from your state ACS ECHO lead.



Materials and Resources will be made available soon.
All resources will be available on the [ACS ECHO Website](#)



Spokes: Interested in scheduling your Case Presentation? Let us know.



Additional Feedback on Today's Session? Tell us in the Post Session Feedback Forum
(URL in chat box)



Questions: Contact korey.hofmann@cancer.org

Thank you!



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